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PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>146</u>
District of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>840</u>
Town of <u>Hayden</u>			Local Registrar No. <u>11</u>
or			
City of <u>Hayden</u>	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Katherine Elizabeth Crane</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>No</u>	5. Legitimate? <u>Yes</u>
6. Date of birth <u>Oct 19 1924</u>		Month day year	
FATHER		MOTHER	
Full name <u>Radney Houston Crane</u>		Full maiden name <u>Bester Klingner</u>	
9. Residence <u>Hayden Arizona</u>		15. Residence <u>Hayden Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Lyons</u>	(State or country)	18. Birthplace (city or place) <u>Lyons</u>	(State or country)
13. Occupation <u>Truck Driver</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>Yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>1:50</u> A.M. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Charles B. Rust</u>	
Given name added from a supplemental report _____		Address <u>Hayden Arizona</u>	
Month, day, year.		Physician or midwife	
Registrar.		Filed <u>NOV 8</u> 1924	
		Filed <u>11-9</u> 1924	
		Local Registrar. <u>W. J. Dack</u>	
		County Registrar.	

235-1019-529